

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13746	2. Fiscal Year Covered From:	
·	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Gregory Watson	Name Pipe Fitters' Association, Local 597	
	Labor Organization File Number 016-412	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 45 N Ogden Ave	Street 45 N Ogden Ave	
City Chicago	City Chicago	
State Illinois ZIP Cole + 4 60607	State Illinois ZIP Code + 4 60607	
5. Position in labor organization. President		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Ptroot	7.b. Amount.	
Street	}	
City		
State ZIP Cox e + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed And Ollaton	On 07/01/2005 312-829-4191	
- Jyan	Date Telephone Number	



File Number U-Name of Person Filing Gregory Watson B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Pipe Fitters Welfare Fund, Local 597 a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 45 N Ogden Ave Chicago State Illinois ZIP Ccde + 4 60607 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Mr. Watson is an employee of Pipe Fitters Welfare Name Pipe Fitters Welfare Fund, Local 597 Fund, Local 597. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 45 N Ogden Ave 11.b. Approximate dollar value of such dealing. City Chicago 12.a. Nature of interest held or income received. Income received was salary of \$105,523 and personal ZIP Code + 4 60607 State Illinois use of an automobile of \$3,757. 12.b. Amount. \$109,280 C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment. or Consultant 13.b. Is the Business an Employer

Form LM-30 (2003)



FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13746	2. Fiscal Year Covered From:	
•	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of tabor organization.	
Name Greg Watson	Name Pipe Fitters' Association, Local 597	
	Labor Organization File Number 016-412	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 45 N Ogden Ave	Street 45 N Ogden Ave	
City Chicago	City Chicago	
State Illinois ZIP Cole + 4 60607	State Illinois ZIP Code + 4 60607	
5. Position in labor organization. President		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Coxle + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed And Alliater	On 07/01/2005 312-829-4191 Telephone Number	



Name of Person Filing Greg Watson	r lie Ndiribei G-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name National Investment Services Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 737 N. Michigan Ave. Suite 1520 City Chicago State Illinois ZIP Coxle + 4 60611-6653	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Pipe Fitters Retirement Fund, Local 597 Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. The Retirement Trust uses this compined investment management services.	pany for
Street 45 N Ogden Ave City Chicago State Illinois ZIP Code + 4 60607	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Business meetings were conducted o meals, golf and sporting events.	\$260,397
	12.b. Amount.	\$360
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	er parts A and B above)	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

W

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13746		2. Fiscal Year Covered From:	
		1/1/2	1604 Through: 12 / 31 / 2004
3. Name and address of person filing.		4. Name, file number, and add	dress of labor organization.
Name Greg	Watson	Name Pipe Fitters	Association, Local 597
		Labor Organization File Nui	nber 016-412
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Roo	nn Number, if any
Street 45 N Ogden Ave		Street 45 N Ogden Av	/e
City Chicago		City Chicago	
State Illinois	ZIP Ccde + 4 60607	State Illinois	ZIP Code + 4 60607
5. Position in labor organization.	sident		
A. Held an interest in, engaged in transcription of the monetary value from an employer 6. Name and address of Employer (included) Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	ansactions (including loans) with, or whose employees your organizat	derived income or other ecolon represents or is actively 7.a. Nature of Interest, Transa	nomic benefit of seeking to represent.
Street City State	ZIP Code + 4	To the state of th	
Signature			
submitted in this report (including the	15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		nined by the signatory and is, to the best of the
Signed	Alleton	On 07/01/2005 Date	312-829-4191 Telephone Number

Name of Person Filing Greg Watson	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Dearborn Partners, L.L.C. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 200 West Madison, Suite 600 City Chicago State Illinois ZIP Code + 4 60606	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Pipe Fitters Retirement Fund, Local 597 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 45 N Ogden Ave City Chicago State Illinois ZIP Code + 4 60607	11.a. Nature of such dealing. The Retirement Trust uses this company for investment management services. 11.b. Approximate dollar value of such dealing. \$210,142 12.a. Nature of interest held or income received. Business meetings were conducted over miscellaneous meals and golf.	
	12.b. Amount. \$560	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	



Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



L. Williams	
1. File Number U - 13746	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Greg Watson	Name Pipe Fitters' Association, Local 597
	Labor Organization File Number 016-412
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, If any
Street 45 N Ogden Ave	Street 45 N Ogden Ave
City Chicago	City Chicago
State Illinois ZIP Code + 4 60607	State Illinois ZIP Code + 4 60607
5. Position in labor organization. President	
Construction of the Constr	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Coole + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Ang Gliften	On 07/01/2005 312-829-4191
	Date Telephone Number

Name of Person Filing Greg Watson		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Pipe Fitters Welfare Fund, Local 597 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 45 N Ogden Ave City Chicago State Illinois ZIP Code + 4 60607 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Pipe Fitters Welfare Fund, Local 597 Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organiza b. Trust c. Employer 11.a. Nature of such deal Mr. Watson is a tr	
Street 45 N Ogden Ave		
City Chicago	11.b. Approximate dollar vat	Annual Control of the
State Illinois ZIP Code + 4 60607	A dinner meeting withe fund administration changes. \$121. And	was held with other trustees and rator to discuss pending plan other dinner meeting was held with the the accomplishments of the IT
	12.b. Amount.	\$282
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name	The second secon	and the second s
Trade Name, if any:		distants assumed to the second
P.O. Box, Bldg., Room No., if any		
Street		a was located
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 13146	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Greg Watson	Name Pipe Fitters' Association, Local 597	
	Labor Organization File Number 016-412	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 45 N Ogden Ave	Street 45 N Ogden Ave	
City Chicago	City Chicago	
State Illinois ZIP Code + 4 60607	State Illinois ZIP Code + 4 60607	
5. Position in labor organization. President		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any T.b. Amount.		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed And Alliette	On 07/01/2005 312-829-4191 Telephone Number	
Form LM-30 (2003)	Page 1 of 2	

glin.	
Name of Person Filing Greg Watson	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or inc dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Mass Mutual Financial Group Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 8700 W Bryn Mawr Ave Suite 750 S City Chicago State Illinois ZIP Ccde + 4 60631	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Pipe Fitters Assoc LU 597, 401K Plan Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 45 N Ogder. Ave City Chicago State Illinois ZIP Code + 4 60607	The 401K Plan uses this company for investment management services. 11.b. Approximate dollar value of such dealing. \$10,000 12.a. Nature of interest held or income received. Business meetings were conducted over miscellaneous meals and golf. 12.b. Amount. \$135
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Ccde + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.